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# Fresubin® Intensive

High protein intensive enteral nutrition to meet the needs of critically ill patients.<sup>1,2</sup>

1.2 kcal/ml tube feed with high biological value protein (10 g/100 ml) rich in essential and branched chain amino acids to help preserve lean body mass and reduce catabolism.<sup>3</sup>

For the dietary management of patients with or at risk of malnutrition, in particular critically ill patients including trauma, surgery, sepsis or burns.



# High protein enteral nutrition for the ICU



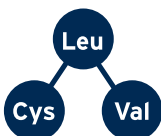
## High protein (10 g/100 ml), moderate energy (1.2 kcal/ml)

- to meet the increased protein needs without exceeding energy requirements<sup>1,2</sup>



## 100% whey protein hydrolysate and low in fat with MCT

- to improve digestion, absorption and GI tolerance<sup>4,5</sup>



## High biological value protein

- to help preserve lean body mass<sup>6</sup>
- to reduce catabolism<sup>6</sup>



## Modified carbohydrate profile with low glycaemic index

- to improve glycaemic control and to minimise blood glucose fluctuations<sup>7,8</sup>



## 3 g\* of EPA and DHA from fish oil and antioxidant micronutrients

- to induce immune-enhancing effects<sup>9</sup>
- to meet the stress-induced elevated needs of critically ill patients<sup>9,10</sup>

\* per recommended daily dose (RDD)

### References

**1.** Singer P et al. Pragmatic approach to nutrition in the ICU: expert opinion regarding which calorie protein target. Clin Nutr 2014; 33 (2): 246-251. **2.** Taylor S et al. Critical care: Meeting protein requirements without overfeeding energy. Clinical Nutrition ESPEN 2016; 11: e55-e62. **3.** De Bandt JP, Cynober L. Therapeutic use of branched chain amino acids in burn, trauma and sepsis. J Nutr 2006; 136: 308S-313S. **4.** Koopman R et al. Ingestion of a protein hydrolysate is accompanied by an accelerated in vivo digestion and absorption rate when compared with its intact protein. Am J Clin Nutr 2009; 90 (1): 106-115. **5.** Bauer J et al. Evidence-based recommendations for optimal dietary protein intake in older people: a position paper from the PROT-AGE Study Group. J Am Med Dir Assoc 2013; 14 (8): 542-559. **6.** De Bandt JP, Cynober L. Therapeutic use of branched chain amino acids in burn, trauma and sepsis. J Nutr 2006; 136: 308S-313S. **7.** Hsu CW. Glycemic control in critically ill patients. World J Crit Care Med 2012; 1 (1): 31-39. **8.** Vaquenzeno-Alonso C et al. Guidelines for specialized nutritional and metabolic support in the critically ill patient. Update. Consensus SEMICYUC-SENPE. Hyperglycemia and diabetes mellitus. Nutr Hosp 2011; 26 (Suppl. 2): 46-49. **9.** Hegazi RA, Wischmeyer PE. Clinical review: Optimizing enteral nutrition for critically ill patients - a simple data-driven formula. Crit Care 2011; 15 (6): 234. **10.** Hoffer LJ, Bistrian BR. Why critically ill are protein deprived. JPEN J Parenter Enteral Nutr 2013; 37: 300-309. **10.** McClave SA et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N). JPEN J Parenter Enteral Nutr 2009; 33: 277-316.



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